

**471-000-505 NEBRASKA MEDICAID PRACTITIONER FEE SCHEDULE FOR CHIROPRACTIC SERVICES**

Payment for services as outlined in this fee schedule shall be made as outlined in 471 NAC 5.

The five-digit numeric codes included in the Schedule are obtained from the Physicians' Current Procedural Terminology (CPT). CPT is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians. This Schedule includes CPT numeric identifying codes for reporting medical services and procedures.

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The Schedule includes only CPT numeric identifying codes for reporting medical services and procedures that were selected by the Nebraska Department of Health and Human Services, State of Nebraska. Any user of CPT outside the Schedule should refer to CPT. This publication contains the complete and most current listings of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures.

No codes, fee schedules, basic unit values, relative value guides, guidelines, conversion factors or scales are included in any part of CPT. The AMA assumes no liability for the data contained herein.

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**TREATMENT LIMITATIONS:**

The following guidelines outline the maximum number of treatments Nebraska Medicaid may consider for payment:

1. For clients age 21 and older: Manual manipulation of the spine is limited to 12 treatments per calendar year.
2. For clients age 20 and younger: Manual manipulation of the spine is limited to 18 treatments during the initial five-month period from the date of initiation of treatment for the reported diagnosis. A maximum of one treatment per month is covered thereafter if needed for stabilization care.
3. No more than one treatment per client per day is covered.

Providers may notice a minor difference between the published payment amount on the fee schedule and the actual payment amount. The payment system uses seven decimal places in the reimbursement calculation, but the fee schedule publishes only the first two decimal places.

		Nebraska Medicaid Fee Schedule, Chiropractor July 1, 2018					
		417-000-505					
						NON-FACILITY	FACILITY
CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	RATE	RATE
00072040		RADIOLOGIC EXAMINATION, SPINE, CERVICAL; ANTEROPOSTERI OR AND LATERAL				\$33.90	
00072040	52	ANTEROPOSTERI OR OR LATERAL		SINGLE VIEW		\$16.95	
00072070		RADIOLOGIC EXAMINATION, SPINE, THORACIC; ANTEROPOSTERI OR AND LATERAL				\$33.90	
00072070	52	ANTEROPOSTERI OR OR LATERAL		SINGLE VIEW		\$16.95	
00072081		X-RAY OF SPINE, 2 OR 3 VIEWS				\$29.22	
00072082		X-RAY OF SPINE, 2 OR 3 VIEWS				\$46.75	
00072100		RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERI OS AND LATERAL				\$36.07	

00072100	52	ANTEROPOSTERIOR OR LATERAL		SINGLE VIEW		\$18.04	
00098940		CHIROPRACTIC MANIPULATIVE TREATMENT; SPINAL, ONE TO TWO REGIONS			X	\$28.94	\$24.42
00098940	22	CHIROPRACTIC MANIPULATIVE TREATMENT; SPINAL, ONE TO TWO REGIONS		INITIAL VISIT ONLY		\$35.37	\$29.85
00098941		CHIROPRACTIC MANIPULATIVE TREATMENT; SPINAL, THREE TO FOUR REGIONS			X	\$28.94	\$25.67
00098941	22	CHIROPRACTIC MANIPULATIVE TREATMENT; SPINAL, THREE TO FOUR REGIONS		INITIAL VISIT ONLY		\$35.37	\$31.37
00098942		CHIROPRACTIC MANIPULATIVE TREATMENT; SPINAL, FIVE REGIONS			X	\$28.94	\$26.45
00098942	22	CHIROPRACTIC MANIPULATIVE TREATMENT; SPINAL, FIVE REGIONS		INITIAL VISIT ONLY		\$35.37	\$32.33